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Friday, 6 June 2014, 3 p.m.
New York

President: Mr. Ashe ..... (Antigua and Barbuda)

In the absence of the President, Ms. Picco (Monaco), Vice-President, took the Chair.

The meeting was called to order at 3 p.m.

Agenda item 10 (*continued*)

Implementation of the Declaration of Commitment on HIV/AIDS and the Political Declarations on HIV/AIDS

Report of the Secretary-General (A/68/825)

Mr. Escalante Hasbún (El Salvador) (*spoke in Spanish*): El Salvador would first like to thank the President for his initiative in convening this meeting on the implementation of the Declaration of Commitment on HIV/AIDS (resolution S-26/2) and the Political Declarations on HIV and AIDS (resolutions 60/262, annex, and 65/277, annex).

Our country recognizes the efforts of the entire United Nations system to put an end to that pandemic and reaffirms its strong commitment to the response to HIV, always taking into account the health of the population and the achievement of the proposed goals for 2015 of zero new HIV infections, zero AIDS-related deaths and zero stigma and discrimination. In January 2014, El Salvador again joined the Programme Coordinating Board of the Joint United Nations Programme on HIV/AIDS (UNAIDS) as a member country of Latin America and the Caribbean, and, together with Brazil and Guyana, is representing the region in that global coordinating forum for the period 2014 to 2016.

The epidemic in El Salvador is classified as a concentrated epidemic, in accordance with the agreements established by UNAIDS, with men who have sex with men, female sex workers and transgender people comprising the most vulnerable populations. Out of those three groups, studies have established that the transgender population is the most stigmatized and discriminated against and suffers from the greatest violations of their human rights. That exclusion is a barrier to their access to the various prevention, assistance and care services, and makes them more likely to use alcohol and drugs. We thank the Secretary-General for recognizing in his report (A/68/825) the connections between combatting violence and discrimination against lesbian, gay, bisexual and transgender people and an effective response to the HIV pandemic.

The most recent epidemiological data show that, between 2007 and 2013, the diagnosis of new cases in my country decreased from six to four cases daily. The number of tests taken as a result of the national day of HIV testing has increased yearly and, in 2013, it surpassed 200 per cent of the tests taken in 2007 and 2008. That trend represents the ever increasing efforts undertaken with regard to logistics, planning and laboratories by all actors involved. It is important to note that the increase in HIV testing has been accompanied by a decrease in the rate of the rate of new infections, which demonstrates its impact on prevention.

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With regard to communication and prevention, El Salvador has produced the only television programme specializing in HIV in Latin America. It is transmitted on a totally free basis via 10 national channels. It also has an ongoing campaign for the prevention of mother-to-child HIV and congenital syphilis transmission, which has helped to avoid an increase in HIV infections among children for the past 13 years. For El Salvador, prevention is of great importance, as it continues to raise the awareness of the personnel of the national health system, the justice sector and others about topics of general information on HIV and ways to promote prevention, to avoid stigmatization and discrimination and to strengthen of the rights of people with HIV.

With regard to hospital care at the national level, 20 hospitals have comprehensive services for people with HIV, which provide antiretroviral therapy and are implementing the models of care of the World Health Organization (WHO). Three hospitals are also being retrofitted to reduce infections in the hospitals. In the next two years, six more hospitals will be retrofitted.

For some years now in El Salvador, studies to measure AIDS spending have been carried out in the national AIDS spending assessment. The most recent assessment carried out in 2013 recorded an expenditure of $62,305,782. A further measure of progress is the conclusion of training for the new law for the prevention and control of HIV, which was the discussed with all sectors of Salvadorian society. We hope that it will be submitted to the legislative Assembly this year.

In April, El Salvador represented Central America and the Dominican Republic in discussions with Brazil, Argentina, Colombia and Mexico on estimates of the regional goals based on the comprehensive reports that El Salvador has duly submitted to UNAIDS and the WHO in the past few years. After the first estimate of goals, consultations were held at the end of April with all the member countries of the subregion of Mesoamerica, which includes the Dominican Republic; in the last week of May, we held discussions with all the countries of Latin America and the Caribbean in order to reach a consensus. Those goals, which we call 90-90-90, will be brought, on behalf of the region, to the meeting of the UNAIDS Programme Coordinating Board in the first week of July in Geneva.

El Salvador has also been notified by the Global Fund to Fight AIDS, Tuberculosis and Malaria with regard to the allocation of $37.8 million dollars over the next three years for the new financing model, which is a result of building the vision of the country in its national response to HIV and the active participation of the different sectors with which we have an ongoing dialogue.

As indicated in the report of the Secretary-General, while we have achieved historic advances in the response to HIV, that progress is not universal. New infections have continued to increase in many countries, in particular among key populations. We welcome again the issuance of that report.

Given the implications of this pandemic, which remains an urgent global challenge in the fields of health, development and human rights, El Salvador believes it is of utmost importance to avoid in forums such as this one the politicization of technical and evidence-based aspects, such as those in the report of the Secretary-General. We hope that the draft decision, which we had hoped would be adopted today, will be adopted by consensus as soon as possible so that we may pursue our joint work, including in the preparations for a new review of the commitments in 2016, according to the practice of five-year cycles, which already exist on this subject.

Ms. Dixon (Bahamas): I am pleased to speak on behalf of the Commonwealth of the Bahamas and to reaffirm the Bahamas' commitment in striving towards zero new HIV infections, zero discrimination and zero AIDS-related deaths by 2015 and beyond.

The Bahamas aligns itself with the statement delivered this morning by the representative of Trinidad and Tobago on behalf of the Caribbean Community (see A/68/PV.91). It reaffirms its solidarity with the sister countries of the Community and the strengthening of our collective efforts to realize a region free of HIV and AIDS. We thank the Secretary-General for his report, entitled "Towards ending the AIDS epidemic: meeting the 2015 targets and planning for the post-2015 era" (A/68/825).

When the Joint United Nations Programme on HIV/AIDS (UNAIDS) was launched nearly 20 years ago, its first journey was an ambitious one, namely, to strengthen the way that the United Nations was responding to AIDS. There are many obstacles to overcome and many victories that have been won. As we move towards the ultimate goal of a generation free of AIDS, there are clear gains in the reduction of new HIV infections, the prevention of mother-to-child transmission and coverage with life-saving

antiretroviral medications, as well as the many other targets of the Millennium Development Goals. The key to sustained and exponential progress will however be dependent upon our ongoing commitment, dedication and best efforts to care for those living with HIV, while fighting for human rights for all and an end to stigma, discrimination and social injustice.

The National AIDS Programme of the Bahamas has been monitoring the epidemic for the past 30 years. Since 2002, the number of newly reported HIV infections in the Bahamas has continued to decline, in keeping with the Caribbean region. That decline has been achieved through adherence to the UNAIDS principles of the "Three Ones", which represent one AIDS action framework, one coordinating authority and one monitoring and evaluation framework. The primary focus has always been on the prevention of the transmission of HIV, with an integrated approach to prevention, care, treatment and support. Early testing and entry into care have been hallmarks of our Programme and are now transitioning to provider-initiated testing and counselling. Targeted prevention messages and community outreach events that offer free HIV testing continue to be strong components of the prevention programme.

The prevention of mother-to-child transmission programme in the Bahamas has been recognized internationally as a best practice and has resulted in an almost total elimination of vertical HIV infections. Between 2003 and 2013 in the Bahamas, no child was born infected with HIV when the HIV-infected mothers had received and adhered to the appropriate antiretroviral treatment. There were only two cases of mother-to-child transmission in 2013. The antiretroviral coverage of HIV-positive pregnant women also remains high, at above 90 per cent.

The Bahamas has seen an historical reduction in maternal deaths and, due to the strengthened health-care policy and widely available antiretroviral therapy, there have been no HIV-associated maternal deaths in the past three years. At the end of 2013, approximately 60 per cent of all persons medically eligible for antiretroviral therapy were documented to be on treatment. The Bahamas also serves as a resource centre and assists neighbouring countries in the acquisition of medicine, when needed.

The Bahamas continues to make significant strides in increasing access to antiretroviral medications, decreasing new infections and reducing AIDS-related deaths overall, although, as a small island nation, it continues to face the challenge of sustainable funding. The Government of the Bahamas, for its part, continues to work assiduously to mobilize its limited domestic resources in order to reduce the number of lives affected by HIV and AIDS and to preserve the quality of life and dignity of those who are infected. The need to identify funding to support the progress of the National AIDS Programme in the fight against HIV and AIDS is recognized, particularly in the context of the desire to implement updates to treatment guidelines and the scaling-up of antiretroviral therapy.

One of the most significant challenges that the Bahamas faces is its designation as a high-income country and the resulting restriction from many international donor funds. The Bahamas therefore relies on the support and generosity of international and regional donor partners, such as UNAIDS, the United States President's Emergency Plan for AIDS Relief programme, and the Pan American Health Organization, to carry out the mission of the National AIDS Programme. The Government of the Bahamas thanks its donor partners for their continued support of the National AIDS Programme and the fight against HIV. We strive to maintain our current commitments, and the strategy for achieving the goals and objectives of the National AIDS Strategic Plan will require additional funds over the longer term.

The Bahamas has also been a leader in advocacy for persons infected with and affected by HIV. A strong legislative and policy environment protects against discrimination in many sectors, specifically through the revision of the Sexual Offences and Domestic Violence Act. The HIV and AIDS services have gradually been integrated over the past several years. The provision of HIV and AIDS care is integrated into the prison health-care services. Decentralization continues with the goal of integrating HIV and AIDS services into primary care throughout the archipelago.

This debate takes place at a critical moment in the history of our work in the area of HIV and AIDS, as we are rapidly approaching the deadline for the achievement of the Millennium Development Goals, as well as the 10 specific and time-bound targets of the 2011 Political Declaration on HIV and AIDS (resolution 65/277, annex). As we move towards and beyond 2015, there is a need to strengthen monitoring and evaluation programmes in every country in order to ensure greater accountability towards meeting the targets set out to

eliminate HIV and to achieve an AIDS-free generation. Those strengthened programmes will bring greater clarity to the challenges that prevent us from meeting that goal. Using the data gleaned from such efforts will prevent us from duplicating our mistakes and better guide the use of our scarce resources.

The Bahamas is committed to expanding access to a continuum of care for all persons living with HIV and AIDS throughout the country's primary health-care system and to undertaking the process of charting a course for our work in the post-2015 period. For archipelagic nations such as ours, that commitment requires the duplication of services across a number of islands. Such a commitment relies on strong mechanisms to monitor and evaluate the care that is delivered in order to maintain the high quality of care necessary to improve the lives of persons living with and affected by HIV and AIDS.

There is an urgent need for countries and stakeholders to work together to identify innovative, yet practical approaches to scaling up services in a resource-limited setting. There is a need for expanded operational research to identify best practices that will benefit the fight against HIV and AIDS. That must be supplemented by support for training and implementation to improve approaches to the management of HIV and AIDS. In order to truly make an impact on HIV and AIDS, we must also continue to strengthen our efforts to reduce the stigma and discrimination that prevents many people from being tested for HIV.

HIV and AIDS are a global scourge that requires global solutions. We cannot face it alone. Let us therefore work together to make the end of AIDS a reality for all.

Mr. Sargsyan (Armenia): On behalf of my delegation, I would like to thank the President for providing us with this opportunity to hold a dialogue with other Member States on this important agenda item. My delegation welcomes the comprehensive report of the Secretary-General (A/68/825) on the progress made in implementing the Political Declaration on HIV and AIDS (resolution 65/277, annex). We are pleased to note that the total resources available for HIV programmes, particularly in low- and middle-income countries, continue to grow despite the ongoing economic hurdles and competing priorities.

While the recent progress and overall global trends are encouraging and the rates of new HIV infections and AIDS-related mortality have generally been declining in the world, we are concerned that they continue to increase in Eastern Europe, in particular. In that region, there is still much to be done not only in fighting the HIV epidemic but also in narrowing the treatment gap. For example, the regional antiretroviral therapy is among the lowest in the world and prevention services are not yet widely accessible to all key populations.

It is important to mention that the significant number of cases of HIV infection registered in my country is associated with the migration factor. More than half of the registered HIV cases in the country are labour migrants who were infected through heterosexual contacts outside my country. The migration restrictions in host countries related to HIV, limited access to health-care services and HIV prevention measures and information directly influence Armenia's health-care sector. Taking that into account, a study was conducted on labour migration and HIV risks in Armenia. On the basis of its results, an HIV prevention programme that targets migrants and their sexual partners has been developed.

We would like to acknowledge the continued partnership and support extended to us by the Global Fund to Fight AIDS, Tuberculosis and Malaria, the Joint United Nations Programme on HIV/AIDS (UNAIDS) and other international partners, which have helped us to significantly improve our national capacity and establish a strong national response. In that context, I would like particularly to highlight the efforts of the Government of the Russian Federation, which, along with its ongoing programme support, recently donated a sophisticated mobile clinic to provide health-care services, including for HIV, to people living in remote areas of Armenia.

As challenges in ensuring the sustainability, continuity and scaling-up of HIV diagnostics, follow-up of HIV patients, the provision of antiretrovirals and monitoring still remain, we would like to call on our partners to continue their support in line with the principle of shared responsibility and global solidarity. That will be essential for sustaining and scaling up the response in my country in the future.

As the world is getting closer to entering another phase of universal development goals and the United Nations is profoundly involved in active discussions to define the post-2015 development agenda, we should be consistent in our efforts to ensure that the AIDS response remains high on the agenda. My delegation

believes that the recommendations contained in the Secretary-General's current report (A/68/825) can provide good input to discussions to formulate the agenda beyond 2015. We look forward to the General Assembly high-level meeting on HIV/AIDS, which will contribute greatly to deliberations on and commitments to strategies to ensure that the vision of the global AIDS movement, zero new HIV infections, zero discrimination and zero AIDS-related deaths are realized in the coming decades.

In conclusion, on behalf of my delegation, I would like to express our appreciation to Mr. Michel Sidibé and his entire team at UNAIDS, and Mr. Michel Kazatchkine, Special Envoy of the Secretary-General for HIV/AIDS in Eastern Europe and Central Asia, for their indispensable optimistic vision and determination. They can count on our renewed commitment to mobilizing international efforts to defeat the AIDS epidemic once and for all.

Ms. Derderian (United States of America): My delegation would first like to acknowledge the continued, excellent work of the Joint United Nations Programme on HIV/AIDS (UNAIDS) under the leadership of Michel Sidibé. UNAIDS is a critically important partner at the headquarters, regional and country levels. We also welcome the report of the Secretary-General (A/68/825). We appreciate its recognition of the continued challenge of stigma, discrimination and punitive approaches, including the criminalization of lesbian, gay, bisexual and transgender people, which pose threats to providing an effective HIV response to vulnerable populations.

What a difference a decade makes. Ten years ago, AIDS was wiping out a generation of individuals in the most productive years of their lives. AIDS was for too many a death sentence. It threatened the very foundation of societies, creating millions of orphans, stalling economic development and leaving countries stuck in poverty.

Today, that picture has been transformed dramatically. Landmark scientific advances, many supported by the United States, coupled with success in implementing effective programmes, have put an AIDS-free generation within sight. The document entitled "Blueprint: Creating an AIDS-Free Generation", launched on World AIDS Day 2012, demonstrates the strong and continued commitment of the President's Emergency Plan for AIDS Relief (PEPFAR) to fighting this deadly disease. As the Blueprint notes, however, no one country can do it alone. Achieving an AIDS-free generation is the shared responsibility of partner Governments, civil society, people living with HIV, faith-based organizations, the private sector, foundations, donor nations and multilateral institutions.

Last year, the United States Congress passed the bipartisan, bicameral PEPFAR Stewardship and Oversight Act of 2013, which United States President Obama signed into law in December 2013. That law extends the critical authorities and strengthens the oversight and reporting of the PEPFAR programme, which began in 2003 under the leadership of former President George W. Bush. PEPFAR is contributing to the global target of supporting more than 6.7 million people who received life-saving HIV treatment in 2013. The vision of achieving an AIDS-free generation is no longer a distant dream. However, as the Secretary-General's report emphasizes, there is much work to be done until we have control over the epidemic.

We have delivered results by following sound science, focusing on impact, targeting efforts where the virus is most prevalent and grounding our work in approaches that protect the human rights of all people. PEPFAR is a public health programme, and the principles of good public health demand that we strive to reach all affected populations with core HIV services, prioritize high-impact, scientifically proven interventions and focus our resources where those interventions will have the greatest impact on controlling the epidemic. The United States remains committed to the global fight against HIV/AIDS. We will continue to support global efforts to ensure that the momentum to scale up high-impact HIV prevention, treatment and care interventions required to reach the Millennium Development Goals and to create an AIDS-free generation is maintained and increased.

The Global Fund to Fight AIDS, Tuberculosis and Malaria represents a critical vehicle for donors to contribute to shared global responsibility and support country leadership in addressing those three diseases. The United States is working with partner countries to ensure that each dollar invested achieves the greatest possible health impact. With United States support, the Global Fund is reforming the way it works to increase the impact of its investments. The United States Government and the Global Fund are also strengthening their collaboration under the leadership of partner countries in support of country-owned strategies.

Through shared responsibility and smart investments, PEPFAR is continuing its work to help create an AIDS-free generation and build upon the success of the past 10 years. Together, we can reach that ambitious but achievable goal and have a truly lasting impact on the millions of individuals, families and communities we serve. It is imperative that together we commit, maintain and increase both the momentum and the focus on HIV as one of the measurable components for global health goals beyond 2015. We look forward to the future high-level meeting on HIV/AIDS.

The Acting President (*spoke in French*): The Assembly has thus concluded this stage of its consideration of agenda item 10.

The meeting rose at 3.30 p.m.